

L15000048332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

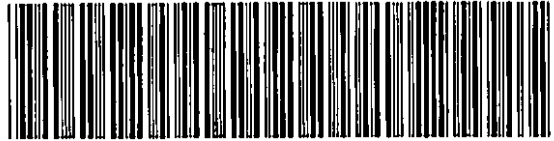
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JUL 23 AM 10:00
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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JCS
C72818

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hands of Caring Home Health Care LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Russell Jones
(Contact Person)

Hands of Caring Home Health Care
(Firm/Company)

1825 Dixie Hwy South
(Address)

Pompano Beach, FL 33060
(City/State and Zip Code)

For further information concerning this matter, please call:

Russell Jones at (651) 276-2276
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Hands of Caring Home Health Care LLC

2. The Florida document/registration number assigned to this limited liability company is:

L15000048333

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Aug 1, 2018

4. I, Kevin Buckhalton, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified my resignation in writing.

Signature of Dissociating Member or Resigning Manager

2018 JUL 23 AM 10:00
REGISTERED MAIL
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)